

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Palolo Wellness Program	CHAPTER 700
Address: 2459 10 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	Inspection Date: April 8, 2021 Biennial (Office)

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

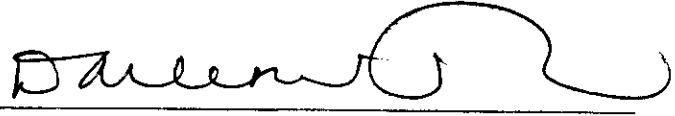
**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

21 APR 19 4:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 Policies and procedures. (4) A home care agency shall have policies and procedures that include:</p> <p>Provisions to establish that the supervisor and all staff shall become familiar with and follow the service plan;</p> <p><b><u>FINDINGS</u></b> Client #1- numerous documentation in the progress notes entered by employee #1 show that personal care services were provided. However, service plan shows client needs homemaker services.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 APR 19 47:42</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-8 Policies and procedures. (4) A home care agency shall have policies and procedures that include:</p> <p>Provisions to establish that the supervisor and all staff shall become familiar with and follow the service plan;</p> <p><b><u>FINDINGS</u></b> Client #1- numerous documentation in the progress notes entered by employee #1 show that personal care services were provided. However, service plan shows client needs homemaker services.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 APR 19 17:42</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

Licensee's/Administrator's Signature: 

Print Name: DAVIN NAKAGAWA

Date: 04/17/21

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